

**IN THE COUNTY COURT OF THE FIFTEENTH JUDICIAL CIRCUIT
IN AND FOR PALM BEACH COUNTY, FLORIDA
SMALL CLAIMS DIVISION**

KEITH WASHINGTON,

Plaintiff,

v.

Case No.:

ENT AND ALLERGY ASSOCIATES OF
FLORIDA, LLC., FRANCINE CLAIR LANDAU
AND TRANSWORLD SYSTEMS, INC.

Defendants.

COMPLAINT

INTRODUCTION

1. This is an action for damages brought by Plaintiff, KEITH WASHINGTON, ("Plaintiff" hereinafter) an individual consumer against the Defendants, ENT AND ALLERGY ASSOCIATES OF FLORIDA LLC., ("ENT" hereinafter), FRANCINE CLAIR LANDAU ("FCL" hereinafter), and TRANSWORLD SYSTEMS, INC., ("TRANSWORLD" hereinafter) for violation of the Florida Consumer Collection Practices Act, §559.72, et seq., Fla. St. (the "FCCPA") and the Fair Debt Collection Practices Act, 15 U.S.C. §1692, et seq., (the "FDCPA") which both prohibit collectors of consumer debt from engaging in abusive, deceptive, and unfair debt collection practices.

2. This is a complaint for damages which does not exceed \$8,000.00 exclusive of costs, interest, and attorney's fees.

3. Venue in this county is proper as the conduct complained of occurred in County, Florida and is in compliance with §559.77(1), Fla. St.

4. This Court has subject matter jurisdiction over the allegations herein pursuant to §34.01(1)(c), Fla. St. and 15 U.S.C. §1692k(d).

5. This Court has personal jurisdiction over ENT as they are a Florida Limited Liability Company doing business in the State of Florida as a medical provider and the transaction which led to the alleged debt as described herein occurred in the State of Florida.

6. This Court has personal jurisdiction over FCL as they are a debt collector doing business in the State of Florida as a collector of consumer debts, and, at all times material to the allegations herein, was attempting to collect a consumer debt from Plaintiff, a resident of the State of Florida.

7. This Court has personal jurisdiction over TRANSWORLD as they are a debt collector doing business in the State of Florida as a collector of consumer debts, and, at all times material to the allegations herein, was attempting to collect a consumer debt from Plaintiff, a resident of the State of Florida.

8. Plaintiff is a natural person residing in Palm Beach County, Florida who has been allegedly obligated by Defendants to pay a debt which arose from medical treatment and/or services provided to Plaintiff by ENT.

FACTUAL ALLEGATIONS

9. Plaintiff suffered an industrial accident arising out of and in the course and scope of Plaintiff's employment with Doyle Security Services, Inc., in the State of Florida on April 14, 2021.

10. Plaintiff's workers' compensation case was accepted as compensable, and Plaintiff received benefits pursuant to Chapter 440, Fla. St., including but not limited to medical care and treatment for Plaintiff's work-related injuries. See §440.13, Fla. St.

11. The identified workers' compensation insurance carrier is TWIN CITY FIRE INSURANCE COMPANY (hereinafter referred to as "Carrier").

12. On May 17, 2021, ENT provided medical treatment to Plaintiff for injuries that were related to his workers compensation case.

13. Plaintiff has reason to believe that this treatment was pre-authorized by the Carrier, thus giving ENT actual knowledge that Plaintiff was financially insulated from payment of the medical services, and that the Carrier was the responsible party.

14. Plaintiff is not responsible for payment of any treatment related to his workers compensation case pursuant to workers comp law which states in part, "A health care provider may not collect or receive a fee from an injured employee within this state, except as otherwise provided by this chapter. Such providers have recourse against the employer or carrier for payment for services rendered in accordance with this chapter." See §440.13(13)(a), Fla. Stat.

15. On or around June 17, 2021, the Carrier received a bill in the amount of \$594.00 for services provided by ENT to Plaintiff on May 17, 2021.

16. On or around June 17, 2021 the Carrier sent an explanation of bill review to ENT explaining that the payment was "disallowed" for a "billing error." See Exhibit "A."

17. On the second page of the Carrier's explanation of bill review pursuant to workers comp law, the Carrier wrote in bold and in caps as follows: See Exhibit 'A.'

"HEALTH CARE PROVIDERS SHALL NOT BILL THE INJURED WORKER FOR SERVICES RENDERED FOR A COMPENSABLE WORK-RELATED INJURY EXCEPT WHEN IT IS TO COLLECT A CO-PAYMENT FEE OR WHEN APPORTIONING OUT THE PERCENTAGE OF NEED FOR THE CARE ATTRIBUTABLE TO A PRE-EXISTING CONDITION."

18. On or around September 8, 2021 Plaintiff received a bill from ENT demanding that he pay \$594.00 for services rendered on May 19, 2021. A copy of the bill Plaintiff received from ENT is attached as Exhibit "B."

19. On or around September 15, 2021 Plaintiff sent a letter to ENT notifying them that this bill/treatment attached as Exhibit "B" is related to his workers compensation case, and provided the Carriers information to ENT. See Exhibit "C."

20. Plaintiff has reason to believe that he received multiple other billing statements from ENT.

21. Sometime before October 10, 2022, ENT transferred the debt to FCL to further collect the debt from Plaintiff.

22. On or around October 10, 2022 Plaintiff received a bill/ debt collector notice from FCL demanding that he pay \$594.00 for services rendered by ENT on May 19, 2021. A copy of the bill Plaintiff received from FCL is attached as Exhibit "D."

23. FCL does not, or did not have any reasonable policies or procedures set in place before they sent any billing statements to Plaintiff to ensure the validity of the debt they were trying to collect from Plaintiff.

24. A reasonable policy and procedure would have found that the debt ENT and FCL tried to collect from Plaintiff was related to his workers compensation case, thus the Carriers responsibility to pay under workers comp law.

25. Plaintiff has reason to believe that he received several other billing statements from FCL demand he pay the same amount for the same debt.

26. On or around December 19, 2022 Plaintiff received a bill from Transworld in the amount of \$1,105.83 for services rendered by Tenet Florida Physician Services. See Exhibit "E."

27. Plaintiff has reason to believe that this medical debt trying to be collected by Transworld was pre-authorized by the Carrier as Plaintiff only treated for his work-related injuries after his date of accident, thus no medical treatment after April 14, 2021 was for personal reasons.

28. The debts that Defendants tried to collect from Plaintiff are automatically deemed illegitimate debts pursuant to workers comp law. *Davis v. Sheridan Healthcare, Inc.*, 2D17-1790, 2019 WL 5198669 (Fla. 2d Dist. App. Oct. 16, 2019)

29. Plaintiff is under information and belief that the amount sought to be collected by Defendants from Plaintiff is excessive in violation of the workers' compensation statutory fee schedule.

30. Whether or not FCL and/or TRANSWORLD in fact had such knowledge prior to billing Plaintiff, the FDCPA is considered a strict liability statute wherein knowledge is used only to determine the degree of a defendant's culpability, for the purposes of computing damages.

COUNT I
VIOLATION OF THE FLORIDA CONSUMER COLLECTION PRACTICES ACT

31. Plaintiff incorporates the above paragraphs as if fully re-stated herein.

32. The acts and omissions of ENT and its employees and agents as outlined herein constitute a violation of the FCCPA with respect to Plaintiff. These actions by ENT's employees and agents were done in service to ENT and these employees and agents were at all times supervised and under the apparent control of ENT. As such, ENT is vicariously liable under the Doctrine of Respondeat Superior for the actions of its employees and agents.

33. The FCCPA has three elements that need to be met in order for there to be a violation; the debt must be illegitimate, there must be a threat or attempt to enforce that debt, and there must be knowledge that the debt is illegitimate. Fla. Ann. Stat. § 559.72(9). *Davis v. Sheridan Healthcare, Inc.*, 2D17-1790, 2019 WL 5198669 (Fla. 2d Dist. App. Oct. 16, 2019).

34. Pursuant to §440.13(13)(a) the debt that ENT attempted to collect from Plaintiff was illegitimate.

35. ENT tried to enforce the illegitimate debt against Plaintiff by sending billing statements to Plaintiff's home demanding payment.

36. ENT had actual knowledge that the debts they were trying to enforce against Plaintiff were illegitimate pursuant to workers comp law.

37. Given all three elements have been clearly met, ENT violated Fla. Ann. Stat. §559.72(9).

38. As a result of the above violation of the State of Florida Consumer Collection Practices Act, ENT is liable to Plaintiff for statutory damages, and attorney's fees and costs.

COUNT II
VIOLATION OF THE FAIR DEBT COLLECTION PRACTICES ACT

39. Plaintiff incorporates the above paragraphs as if fully re-stated herein.

40. The acts and omissions of FCL and its employees and agents as outlined herein constitute a violation of the FDCPA with respect to Plaintiff. These actions by FCL's employees and agents were done in service to FCL and these employees and agents were at all times supervised and under the apparent control of FCL. As such, FCL is vicariously liable under the Doctrine of Respondeat Superior for the actions of its employees and agents.

41. FCL and its employees and agents violated the Fair Debt Collection Practices Act, 15 U.S.C. §1692f(1) by attempting to collect a debt from Plaintiff when that debt was not permitted by law, specifically §440.13, Fla. St. and FCL knew or alternatively should have known that the debt was not permitted by law.

42. FCL and its employees and agents violated the Fair Debt Collection Practices Act, 15 U.S.C. §1692e(2)(A) by falsely representing that Plaintiff owes the alleged debt when in fact Plaintiff does not and FCL knew or alternatively should have known that Plaintiff did not owe the alleged debt.

43. As a result of the above violations of Fair Debt Collection Practices Act, FCL is liable to Plaintiff for injunctive and declaratory relief and for actual damages, statutory damages, and attorney's fees and costs.

COUNT III
VIOLATION OF THE FAIR DEBT COLLECTION PRACTICES ACT

44. Plaintiff incorporates the above paragraphs as if fully re-stated herein.

45. The acts and omissions of TRANSWORLD and its employees and agents as outlined herein constitute a violation of the FDCPA with respect to Plaintiff. These actions by TRANSWORLD's employees and agents were done in service to TRANSWORLD and these employees and agents were at all times supervised and under the apparent control of TRANSWORLD. As such, TRANSWORLD is vicariously liable under the Doctrine of Respondeat Superior for the actions of its employees and agents.

46. TRANSWORLD and its employees and agents violated the Fair Debt Collection Practices Act, 15 U.S.C. §1692f(1) by attempting to collect a debt from Plaintiff when that debt was not permitted by law, specifically §440.13, Fla. St. and TRANSWORLD knew or alternatively should have known that the debt was not permitted by law.

47. TRANSWORLD and its employees and agents violated the Fair Debt Collection Practices Act, 15 U.S.C. §1692e(2)(A) by falsely representing that Plaintiff owes the alleged debt when in fact Plaintiff does not and TRANSWORLD knew or alternatively should have known that Plaintiff did not owe the alleged debt.

48. As a result of the above violations of Fair Debt Collection Practices Act, TRANSWORLD is liable to Plaintiff for injunctive and declaratory relief and for actual damages, statutory damages, and attorney's fees and costs.

WHEREFORE, Plaintiff respectfully prays that judgment be entered against Defendants for the following:

- A. Statutory damages of \$1,000 from ENT pursuant to §559.77(2), Fla. St.;
- B. Statutory damages of \$1,000 from FCL pursuant to 15 U.S.C §1692k(a)(2)(A);
- C. Statutory damages of \$1,000 from TRANSWORLD pursuant to 15 U.S.C §1692k(a)(2)(A);
- D. Costs and reasonable attorney's fees from Defendants pursuant to §559.77(2), Fla. St. and 15 U.S.C §1692k(a)(3);
- E. For such other and further relief as may be just and proper.

Respectfully submitted this 11th day of April, 2023.


JASON R. KOBAL, ESQ.
KOBAL LAW, P.A.
12169 W. Linebaugh Ave.
Tampa, FL 33626
813-873-2440
koballaw@yahoo.com
Florida Bar No.: 0542253
Attorney for Plaintiff

Process Date: 06/17/2021

The Hartford Medical Bill Processing Center 39

Control Number: 216702786

EOR Page 1 of 2

Rev/Aud: SS/DR

Claim Number: Y3FC05062 PPO/OSR ID: ExternalReview PHPT
Claimant: Washington, Keith NPI Number: 1972576668
Provider Tax ID: 650790741 Vendor: 0022741306-1 Insurer Number: 379
Provider Ref: WC00A99C8C017 Geo Zip: 33407 Packet Control Number: 4211589004127

ENT AND ALLERGY ASSOCIATES OF FLORIDA LL
6421 CONGRESS AVENUE SUITE 113
Boca Raton, FL 33487

ICD-DX1: R22.0 Localized swelling, mass and lump, head

Region: 03

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
05/17/21	21	99223		INITIAL HOSPITAL	1.000	430.00	430.00	0.00	0.00	0.00	64,269,PPRJ
05/19/21	21	99233		SBSQ HOSPITAL C	1.000	164.00	164.00	0.00	0.00	0.00	64,269,PPRJ
TOTALS:						594.00	594.00	0.00	0.00	0.00	
TOTAL RECOMMENDED ALLOWANCE:										0.00	

Services performed by: ALPERSTEIN, JEFFREY

EOBR CODE DESCRIPTION

64 -PAYMENT DISALLOWED: BILLING ERROR: SERVICE NOT REIMBURSABLE UNDER APPLICABLE WORKERS
COMPENSATION REIMBURSEMENT.

CARRIER EXPLANATION REASON CODE

269 -THIS BILLING IS FOR A SERVICE UNRELATED TO THE WORK ILLNESS OR INJURY.
PPRJ -PAID WITHOUT PREJUDICE

Process Date: 06/17/2021

The Hartford Medical Bill Processing Center 39

Control Number: 216702786

EOR Page 2 of 2

Rev/Aud: SS/DR

Claim Number	Y3FC05062	PPO/OSR ID	ExternalReview PHPT
Claimant:	Washington, Keith	NPI Number:	1972576668
Provider Tax ID:	650790741	Insurer Number:	379
Provider Ref:	WC00A99C8C017	Packet Control Number:	4211589004127
	Vendor: 0022741306-1		
	Geo Zip: 33407		

ENT AND ALLERGY ASSOCIATES OF FLORIDA LL
6421 CONGRESS AVENUE SUITE 113
Boca Raton, FL 33487

ICD-DX1: R22.0 Localized swelling, mass and lump, head

Region: 03

Carrier/Insurer: 379 - Twin City Fire Insurance Company, 501 Pennsylvania Parkway Ste. 400, Indianapolis, IN 46280

HEALTH CARE PROVIDERS SHALL NOT BILL THE INJURED WORKER FOR SERVICES RENDERED FOR A COMPENSABLE WORK-RELATED INJURY EXCEPT WHEN IT IS TO COLLECT A CO-PAYMENT FEE OR WHEN APPORTIONING OUT THE PERCENTAGE OF NEED FOR THE CARE ATTRIBUTABLE TO A PRE-EXISTING CONDITION.

Unless otherwise stated, reimbursement has been made in accordance with the Florida Workers' Compensation Health Care Reimbursement Manuals. Reimbursement for treatment rendered by out-of-state providers is made based on the greater of the Florida fee schedule or the maximum reimbursement allowances under the workers compensation program in the state where the services are provided. Any reduction is due to the billed charges exceeding the maximum reimbursement allowance for the service provided and/or the application of the appropriate discounts based on the individual provider's agreement with the preferred provider organization.

The health care provider may elect to contest the disallowance or adjustment of payment under s. 440.13(7), F.S. The election to contest the disallowance or adjustment of payment under s. 440.13(7), F.S. must be made by the health care provider within forty-five (45) days of receipt of the EOBR or notice of disallowance or adjustment of payment.

69L-7.710 (5) (q) This EOBR constitutes notice of disallowance or adjustment of payment within the meaning of Section 440.13(7), F.S. The name and mailing address of the entity the carrier designates to receive service on behalf of the "carrier and all affected parties" pursuant to Section 440.13(7) (a), F.S. is identified below. The requirements of this paragraph do not apply to adjudication of a bill for pharmaceutical services provided by a pharmacist or pharmacy licensed under Chapter 465, F.S., and billed on a Form DFS-F5-DWC-10 or its electronic equivalent, where, prior to the services being rendered, a binding contract exists between the insurer, service company/TPA or any entity acting on behalf of the insurer, and the pharmacist or pharmacy or its representative that governs and specifies the amount to be paid by or on behalf of the insurer for the services.

Medical providers are encouraged to transmit bills electronically by having their bills sent to The Hartford's clearinghouse, P2P Link @ 866-450-3898, using the payer ID WCCA12101.

Submit reconsiderations for FL, NJ, CA & TX to:	Submit reconsiderations for all other states to:
The Hartford Medical Bill Processing Center	The Hartford Medical Bill Processing Center
PO Box 14187	PO Box 14170
Lexington, KY 40512	Lexington, KY 40512

For Reconsideration of this reimbursement determination, the following information must be submitted: Copy of this EOR, copy of the original bill and any supporting documentation to the address above. If you have any questions regarding this Explanation of Reimbursement (EOR) please call 800-662-5814 and reference the Control Number provided.

The Hartford is ready to support bills submitted with an ICD-10 diagnosis code for services rendered on or after 10/1/2015.

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Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

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* Workers Compensation *

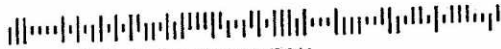
ENT
and Allergy Associates
of Florida
Caring for our patients since 1981
6421 Congress Ave Suite 113
Boca Raton, FL 33487

For questions regarding your bill, please call (561) 338-3267
To pay your bill online visit www.entaaf.com

IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW		
<input type="checkbox"/> VISA <small>VISA</small>	<input type="checkbox"/> MASTERCARD <small>MASTERCARD</small>	<input type="checkbox"/> DISCOVER <small>DISCOVER</small>
<input type="checkbox"/> AMER. EXP. <small>AMERICAN EXPRESS</small>		
CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE 3 D.O.T SECURITY CODE FROM BACK OF CARD
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
09/08/2021	\$594.00	MM0000356531
CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT		SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

ENT and Allergy Associates of Florida, LLC
6421 Congress Ave Suite 113
Boca Raton, FL 33487



KEITH WASHINGTON
3223 WINDSOR AVE
APT 1
WEST PALM BEACH FL 33407-5009

0042 004673

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

Patient Name: Washington, Keith

Date	Provider	Description of Service	Charge	Payment	Adjustment	Patient Balance
05/19/2021	Alperstein, Jeffre St Mary's Medic	99233 - SUBSEQUENT HOSPITAL CARE	164.00			164.00
05/17/2021	Alperstein, Jeffre St Mary's Medic	99223 - INITIAL HOSPITAL CARE	430.00			430.00

Total Due From Patient \$594.00

0-30 Days	31-60 Days	61-90 Days	91-120 Days	+120 Days
\$594.00	\$0.00	\$0.00	\$0.00	\$0.00

The balance on this account is your responsibility, and payment in full is due at this time.

Office Announcements:

We are happy to announce that ENTAAF has converted to a new computer system. Please note you may receive two separate patient statements. Please contact our office with any questions. Thank you

Exhibit "C"

To: whom it may concern

From: Keith Washington
3223 WINDSOR AVENUE Apt 1
WPB, FL 33407

Subject: Billing invoice for \$594.00
Account # MM0000356531.

DATE: September 15, 2021

DEAR sir/Madame,

Please Send all correspondence
to the following address as this is a
WORKMAN'S Compensation Case.

The Hartford Insurance

Claim Specialist: Denise Bennett

Direct phone: 315 233-1168

EMAIL: Denise.Bennett@thehartford.com

FAX #: 888-459-1636

CLAIM Number: Y3FC05062

P.O. BOX 14473

Lexington, Ky 40512-4473

Sincerely,

Keith Washington
561 352-7988

Mailing Address:

3832 Baymeadows Road Telephone: (904) 398-8488
Suite 10, #149 Toll Free: (800) 983-8331
Jacksonville, Florida 32217 Email: fran@cuttingedgecollections.com

Reference: BQW324

Letter Date: Oct 10, 2022

Francine Clair Landau is a debt collector. We are trying to collect a debt that you owe to ENT & ALLERGY ASSOC. OF FL. We will use any information you give us to help collect the debt.

Our information shows:

You have an account from ENT & ALLERGY ASSOC. OF FL with account number MM0000356531.

As of 05/03/2022, you owed: \$594.00

Between 05/03/2022 and today:

You were charged this amount in interest: \$0.00

You were charged this amount in fees: \$0.00

You paid or were credited this amount toward the debt: \$0.00

Total amount of the debt now: \$594.00

How can you dispute the debt?

- **Call or write us by 11/19/22, to dispute all or part of the debt.** If you do not, we will assume that our information is correct.
- **If you write us by 11/19/22, we must stop collection on any amount you dispute until we send you information that shows you owe the debt.** You may use the form below or write to us without the form. You may also include supporting documents. We accept disputes electronically at fran@cuttingedgecollections.com.

What else can you do?

- **Write to ask for the name and address of the original creditor, if different from the current creditor.** If you write by 11/19/22, we must stop collection until we send you that information. You may use the form below or write to us without the form. We accept such requests electronically at fran@cuttingedgecollections.com.
- **Go to www.cfpb.gov/debt-collection to learn more about your rights under federal law.** For instance, you have the right to stop or limit how we contact you.
- **Contact us about your payment options at fran@cuttingedgecollections.com.**

PAGE 1 OF 1

ZLTR/OK1/AAV239367872/635/000000455

Detach and Return with Payment

3832 BAYMEADOWS ROAD
SUITE 10, #149
JACKSONVILLE, FL 32217-5605



KEITH WASHINGTON
3223 WINDSOR AVE APT 1
WEST PALM BEA, FL 33407

How do you want to respond?

Check all that apply:

- ☐ I want to dispute the debt because I think:
 - ☐ This is not my debt.
 - ☐ This amount is wrong.
 - ☐ Other (please describe on reverse or attach additional information).
- ☐ I want you to send me the name and address of the original creditor.
- ☐ I enclosed this amount: \$

Make your checks payable to Francine Clair Landau.
Include the reference number BQW324.

FRANCINE CLAIR LANDAU
3832 BAYMEADOWS ROAD
SUITE 10, #149
JACKSONVILLE, FL 32217-5605

Return Mail Only:
5720.3846.SP1
PO Box 15618
Dept. 938
Wilmington, DE 19850-5618



TSI Physical Address:
Transworld Systems Inc.
500 VIRGINIA DR SUITE 514
FT. WASHINGTON, PA 19034
888-899-6650

DATE: 12/19/22
OUR ACCOUNT #: 54047105
CREDITOR: TENET FL PHYSICIAN SVCS Tenet FL Phys
Ho
CREDITOR'S ACCOUNT #: 142X6-13857180A1 06282022
BALANCE DUE: \$1105.83



135343 - 14901

KEITH A WASHINGTON
3223 WINDSOR AVE
WEST PALM BEACH FL 33407-5007



At Transworld Systems Inc. we are committed to working with you to help resolve your account! We hope you will contact us at the number above and let us prove to you how committed we are to that goal.

There are several options that we can currently offer, and it is our hope that one of them will meet your needs.

- Option 1 - Make a payment this month of \$110.59 and then pay \$497.62 next month. After the 2nd payment, we will reach out to you to resolve the remaining balance with the 3rd and final payment, which may be more than \$497.62 because your account is accruing interest.
- Option 2 - Make 2 equal consecutive monthly payments of \$368.61. After the 2nd payment, we will reach out to you to resolve the remaining balance with the 3rd and final payment, which may be more than \$368.61 because your account is accruing interest.
- Option 3 - Make 2 consecutive monthly payments, the first payment of \$552.92. After the 1st payment, we will reach out to you to resolve the remaining balance with the 2nd and final payment, which may be more than \$552.91 because your account is accruing interest.

Please confirm with one of our representatives which option works best for you and we will note your account accordingly.

This is an attempt to collect a debt. Any information obtained will be used for that purpose. This is a communication from a debt collector.

Calls to or from this company may be monitored or recorded for quality assurance.

The account balance will be periodically increased due to the addition of accrued interest, as permitted by applicable law. This does not affect the payment terms described in this letter.

You may also make payment by visiting us on-line at <https://payments.tsico.com>. Your unique registration code is 5404710515.

Office Hours: 8am-9pm Monday-Thursday; 8am-5pm Friday; 8am-12pm Saturday (ET).

This offer is valid for 30 days from the date of this letter, but may expire without notice thereafter. If the 30 day period has expired before making payment, please confirm with one of our representatives that this offer has not expired. We are not obligated to renew this offer.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT (MAKE SURE ADDRESS SHOWS THROUGH WINDOW)

TSI Physical Address:
Transworld Systems Inc.
500 VIRGINIA DR SUITE 514
FT. WASHINGTON, PA 19034
888-899-6650

Our Account #

54047105

KEITH A WASHINGTON

Payment Amount

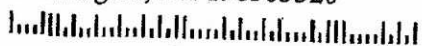


\$

Check here if your address has changed and print
your new address in the space provided below.

Send payment and correspondence to:

Transworld Systems Inc.
P.O. Box 15520
Wilmington, DE 198505520



0938 000054047105 1 00110583 1 0002 5

P 5720
14901